

# Foster Parent Application Form

Please ensure you have answered all the questions and that both applicants (if applicable) have signed the last page of this form.

Please send your completed form to:  
Foster Parent Intake  
Dept. of Children, Seniors and Social Development  
Charles R. Bell Bldg., 81 Kenmount Road  
Box 8700, St. John's, NL A1B 4J6  
Toll free 1-855-683-8111

## Part A: Applicant 1

Last Name

Given Names

Also known as (including all previously used names)

Street Address

City/Town

Postal Code

Home Phone

Cell Phone

Email Address

Mailing Address, if different from Street Address

Date of Birth

(YYYY-MM-DD)

Place of Birth

Education

Are you employed?  Yes  No

If yes, what is your place of employment?

Occupation/Position (include schedule where applicable)

Formal training and / or experience working with children and youth:

Any other training (first aid, suicide intervention, etc.):

Are you willing to participate in ongoing training?  Yes  No

Have you ever been involved in any criminal activity and / or charged with a criminal offence?  Yes  No

If yes, please explain:

Have you ever had or do you have any psychiatric illness?  Yes  No

If yes, please explain:

## Part B: Applicant 2

Last Name

Given Names

Also known as (including all previously used names)

Street Address

City/Town

Postal Code

Home Phone

Cell Phone

Email Address

Mailing Address, if different from Street Address

Date of Birth

(YYYY-MM-DD)

Place of Birth

Education

Are you employed?  Yes  No

If yes, what is your place of employment?

Occupation / Position (include schedule where applicable)

Formal training and / or experience working with children and youth:

Any other training (first aid, suicide intervention, etc.):

Are you willing to participate in ongoing training?  Yes  No

Have you ever been involved in any criminal activity and / or charged with a criminal offence?  Yes  No

If yes, please explain:

Have you ever had or do you have any psychiatric illness?  Yes  No

If yes, please explain:

**Part C: Family Information**

Children of the applicant(s)

Name	Date of Birth (YYYY-MM-DD)	Gender	Living at Home

How did your family become aware of the foster care program?

TV       Radio       Public Service Announcement

Website       Family/Friend       Other \_\_\_\_\_

How long has your family been thinking about fostering?

Less than six months       More than a year       About a year       Other

Have you spoken to anyone about fostering?       Yes       No

If yes, who did you speak with?

Foster Families Association       A foster parent

Other \_\_\_\_\_

What are your family's expectations of caring for children/youth in care?

What impact may fostering have on your family and lifestyle? Please explain.

Are you willing to use your own vehicle in your role as Foster Parent?  Yes  No

#### Part D: Matching Children/Youth

For which age group are you interested in providing care? Please explain.

No age preference  Infant up to 2 years  2-5 years  6-11 years  12-16 years

Do you have a preference for the sex of the child/youth that you are interested in providing care for? Please explain.

#### Part E: References

Name three (3) references, their complete mailing and street addresses, and telephone numbers. Reference requirements include that the reference be a non-relative, have known your family for a minimum of three (3) years, and have a relationship with your family that includes in-home contact.

##### Reference #1

Last Name

Given Name(s)

Residential Address

City/Town

Postal Code

Home Phone

Cell Phone

Email Address

Mailing Address  Same as Residential

##### Reference #2

Last Name

Given Name(s)

Residential Address

City/Town

Postal Code

Home Phone

Cell Phone

Email Address

Mailing Address  Same as Residential

Reference #3

Last Name

Given Name(s)

Residential Address

City/Town

Postal Code

Home Phone

Cell Phone

Email Address

Mailing Address  Same as Residential

Any other information or comments you feel are important to include:

Part F: Signatures

Signature (Applicant #1)

Date (YYYY-MM-DD)

Signature (Applicant #2)

Date (YYYY-MM-DD)